



Application for Presumptive Eligibility for Wyoming Medicaid

Use this form to find out quickly if you qualify for Presumptive Eligibility (PE) for Wyoming Medicaid. PE offers you and your family immediate access to health care while you apply for regular Medicaid. All information collected for PE is based on self-attestation and does not require verification.

To qualify for regular Medicaid, you must complete the Wyoming Medicaid Streamlined Application. While you wait to learn if you qualify for regular Medicaid, you can get covered services through PE if eligible. You can apply for regular Medicaid by:

- Completing a paper application, available online at: <https://health.wyo.gov/healthcarefin/apply/>
 - Return the application to us by:
 - Mail (3001 E. Pershing Blvd., Suite 125, Cheyenne, Wyoming 82001),
 - Fax (1-855-329-5205) , or
 - Email (wesapplications@wyo.gov).
- Applying online at: <https://www.wesystem.wyo.gov>
- Applying over the phone by calling 1-855-294-2127

Who can qualify for PE?

You can qualify for PE for Medicaid if you meet the following criteria:

- Your gross income is below the monthly limit
- You are a U.S. Citizen, U.S. National, or Qualified Non-Citizen
 - Pregnant women can also qualify if they are lawfully present in the U.S.
- You are a Wyoming Resident
- You do not already have Medicaid
- You have not had a PE period for Medicaid in the last year for Children’s PE, Parent or Caretaker Relative PE, Breast and Cervical Cancer PE, or Former Foster Youth PE. Or, if you are pregnant, you have not had a PE period for Medicaid during this pregnancy.
- You are in one of the groups that offers PE for
 - Children under the age of 19
 - Pregnant women
 - Parents or caretaker relatives of children under the age of 18
 - Individuals enrolled in the Breast and Cervical Cancer Early Detection Program
 - Individuals who were in Wyoming DFS custody or Wyoming Tribal Foster Care custody on their 18th birthday

When the PE application is complete, email to eceligibilityunit@wyo.gov or fax to 307-777-7085.

Tell us about yourself

Name _____

Date of Birth _____
 Last First Middle
 Social Security Number (optional) _____ - _____ - _____
 Month/Day/Year

Home Address:

Street	City	State	Zip
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Mailing Address:

If different than Home Address

Home Phone (____) _____ Work Phone (____) _____

Cell Phone () _____ Message Phone () _____

Email Address

Are you a U.S. Citizen, U.S. National or Qualified Non-Citizen? ____ Yes ____ No

Date you became a Lawful Permanent Resident or Qualified Non-Citizen _____

Are you a Wyoming Resident? ____ Yes ____ No (If you are not a Wyoming Resident, the Qualified Provider cannot determine your PE.)

Are you a currently enrolled in a Wyoming Medicaid program? ____ Yes ____ No

PE for Pregnant Women:

Are you lawfully present in the United States? ____ Yes ____ No

Are you pregnant? ____ Yes ____ No

When is the baby due? _____ How many babies are due? _____

PE for Breast and Cervical Cancer:

Are you currently enrolled in the Breast and Cervical Cancer Early Detection Program and diagnosed with Breast or Cervical Cancer? ____ Yes ____ No

PE for Former Foster Youth:

Were you in DFS custody or Wyoming Tribal Foster Care and enrolled in a Federally Funded Medicaid program on your 18th birthday? ____ Yes ____ No

PE for Parent or Caretaker Relative:

Are you the parent or caretaker relative of a Medicaid eligible child in your household that is under the age of 18? ____ Yes ____ No

How many individuals are in your household? (Count spouse, any children under the age of 18, and parents if the applicant is under the age of 18. For the Pregnant Women PE Program, the unborn child is part of the household size.) _____

What is your household's monthly gross earned and unearned income? \$ _____

NOTE: You do not need to include Child Support, Veteran's payments, Worker's Compensation, or Supplemental Security Income (SSI). There is no income test for PE for Former Foster Youth. (A 5% disregard of the FPL should be given if it will make a difference in eligibility.)

Were you given the opportunity to fill out the full Medicaid application with the Qualified Hospital? ____ Yes ____ No

By signing you are swearing that everything you wrote on this form is true as far as you know. We will keep your information secure and private.

Signature

Date

If this was a telephonic application- By signing, you as the Qualified Hospital are attesting that you have read the Rights and Responsibilities to the applicant, and that the information on this application was provided by the applicant, and that the applicant has verified that the information is true or correct. We will keep this information secure and private.

Provider Name

Provider Contact Number

Facility Name and Address

If you qualify for PE for Medicaid, what happens next?

- You will get a notice from the hospital saying you were approved.
- You can start using your PE for Medicaid coverage right away for Medicaid covered services. You can go to any health care provider that accepts Medicaid, starting the day you are approved.
 - To start using your PE coverage you will need to show your approval notice to providers until you receive your card in the mail. The card should arrive in 2 weeks, if you haven't previously received a Medicaid card.
 - If the notice says you qualify for PE for Medicaid because you are pregnant, you are covered for outpatient ambulatory prenatal care only. PE will not cover the services if you are admitted to a hospital.
- If you do not complete the Wyoming Medicaid Streamlined Application to see if you qualify for regular Medicaid, your PE coverage will end on the last day of the month after the month you are approved for PE.
 - For example, if you qualified for PE in January and have not submitted a regular Medicaid application, your PE coverage will end on the last day of February.
- If you complete the Wyoming Medicaid Streamlined Application for regular Medicaid your PE coverage will end on the date a determination for regular Medicaid is made.
 - For example, if you qualified for PE in January and submitted a regular Medicaid application, that is processed on February 2nd. Your PE eligibility will end February 2nd.

If you do not qualify for PE for Medicaid, what happens next?

- You will get a notice from the hospital saying you were not approved. You cannot appeal the hospital's decision. BUT, you can still apply for regular Medicaid using the Wyoming Medicaid Streamlined Application.

Questions: Ask your hospital representative, call us at 1-307-777-3423, or visit us online at:
<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>